		TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
Т	he C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
	CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	MI	OFFICE USE ONLY
	NAME	Shane NICKNAME LAST Scott	SUFFIX	Date Received City Clerk
	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; 30 / Second ST	STATE; ZIP CODE	OCT 4 2010
	Change of Address	SAN MAKCOS TX	7 866 6	
	CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount
	PHONE	(512) 618-3911		Date Processed
•	CAMPAIGN TREASURER NAME	MS/MRS/MR) FIRST Shave NICKNAME LAST	MI	Date Imaged
		SC OTT	SUFFIX	
,	CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #;	CITY; STATE;	ZIP CODE
-	CAMPAIGN FREASURER PHONE	SAW MARCOS TX AREA CODE PHONE NUMBER (512) 619-3911	EXTENSION	
9 F	REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
	PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
11 E	ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 (DFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
			SAN MALCOS	City Council Ages 6
C	NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITUR CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
E	BY OTHER NDIVIDUALS	Name		
		Address / PO Box; Apt. / Suite #; City; State; Zip Code		
	additional pages			
		GO TO PAG	E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			_		
15 C/OH NAME	-/	_	16 ACCOUNT # (Ethics Commission Filers)		
	Sharu	Scott			
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
J JOHN TILL(0)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL COMMITTEE ADDRESS				
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850-00		
EXPENDITURE TOTALS	3. TOTAL P	IZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3750, 12		
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST (PRTING PERIOD	PAY \$.72		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$ 2960 /00		
19 AFFIDAVIT					
	SHELLEY GOODWIN COMMISSION EXPIRE: October 26, 2013	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
		Signature of Can	didate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subs		40 175	this the		
day	oliter	to certify which, witness r	my hand and seal of office.		
5000	16001	in Shelley Goodwin	Notcery to DIC		
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of office administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Shane Scott		3 ACCOUNT # (E	Ethics Commission Filers)
30 AUG 10	5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code POROX 248		300	1
	HUSTIN, TX 78767		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Charle's NASh Contributor address; City; State; Zip Code Po lox 1007		500. og	
	SAN MANCOS TX 78667		(If travel outside o	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC(ID#_ Shaun Chan Ston Contributor address; City; State; Zip Code 9737 GNEAT HILLS THA		Amount of contribution (\$)	In-kind contribution description (if applicable)
	AUSTIN TX 78754		;	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		or rexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1, 20, 10	Edward Coleman! Contributor address; City: State: Zip Code 802 Rock Check Da	1	120,00	
	Westlake Hills TX 787	146	 (If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
195ept10	Contributor address; City; State; Zip Code		150.00	
	West Lake, Tx 78746		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	istructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLED	GED CONTRIBUTIONS			SCHEDULE B
TI	he Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	dule B:
2 FILER NAM	Shake Scott		3 ACCOUNT # (Eth	nics Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDGES:	D D D	⇔ ⇔	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (it applicable)
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See I		Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
				Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	/	Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside of	Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable) Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See Ir	nstructions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable) Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
If	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instr			equirements.

LOANS				SCHEDULE E			
The	e Instruction Guide explains how to com	plete this form.	1 Total pa	ages Schedule E:			
2 FILER NAME	Shanle Scott						
4 TOTA	TOTAL OF UNITEMIZED LOANS: ⇔ ⇔ ⇔ ⇔ ⇔						
5 Date of loan 6 Is lender a financial Institution?	Share Scott Share Scott Share Scott Share Scott Share Scott State: Zip Code a financial Institution? Sol Second ST						
12 Principal occupat		13 Employer (See Instructions)					
BUSIN	SUSINESS OWNER 14 Description of Collateral						
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)			
not applicable	17 Guarantor address; City;	State; Zip Code					
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions)					
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)			
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate			
Y N			-	Maturity date			
	ion / Job title (See Instructions)	Employer (See Instructions)					
rincipal coodpan	JII 7 JOD IIIIG (See IIIsti dolloris)	Employer (See Instructions)					
Description of Colla	ateral						
none							
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)			
not applicable	Guarantor address; City; S	State; Zip Code					
Principal Occupation	ion (See Instructions)	Employer (See Instructions)					
lf lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	ES OF THIS SCHEDULE AS NEED ruction guide for additional report		uirements.			

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor aising Expense trict Rental Expense	Loan Repayment/Rei Transportation Equipi Contributions/Donatic Candidate/Officeh OTHER (enter a cate	ment & Related Expense	
	The Instruction Guide	explains how to	complete this for	rm.		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)	
1 6 F C 4 Date	Shawe Sca 5 Pavee name	T				
		0 2000				
08////0 6 Amount (\$)	7 Payee address; City; Star	te: Zip Code				
\$ 2198,22	SZOO SW BOTH. DAVENPORT, ING. S	ST.				
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, o	complete Schedule T)	
EXPENDITURE	Addentis AG Candidate / Officeholder name	!	LIADIZ	PUSS CALO	<u></u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			Office sought	PUSH CARO	Office held	
Date	Payee name					
9-3-10	SAN MAKERS DA	ili Peca	n- 1			
$\frac{9-3-10}{\text{Amount ($$)}}$	SAN MAK (o S DA Payee address; City; Stat	te; Zip Code	v a			
	1910 1H 35 SONTH	·				
\$ (00,00	SAN MARCOS TX 78667	,				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description ((If travel outside of Texas, c	omplete Schedule T)	
OF EXPENDITURE	Adventising		web Ad			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	:	Office held	
Date	Payee name					
9-1-/0 Amount (\$)	SANMANCOI HIG	h School	houstender	h		
Amount (\$)	SANMANCOS HIG Payee address; City; State 2601 KATTLEK RO	e; Zip Code	0003/200			
\$ 300.00	SAN MANCOS, TX	78666				
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description ((If travel outside of Texas, c	omplete Schedule T)	
EXPENDITURE	Adventising		PLINET Ad	Mogram		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name					
G 15 10	5 4 1/1/2 2 4	1. 6 1.	. /			
9'-/7-/0 Amount (\$)	SAN MAN (0-3) Payee address; City; State	1471 Pada	cend			
ar.	1910 1435 SOUTH					
\$ 570.50	SANMANCOS TX7866	7				
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (I	If travel outside of Texas, co	omplete Schedule T)	
OF EXPENDITURE	Advertisinh		News Pr	g por		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense S. Legal Services S.	alaries/Wages/Colicitation/Fundra ravel In District	ontract Labor	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By		
Event Expense		ravel Out Of Dis	trict	Candidate/Office	holder/Political Committee	
Fees	Printing Expense O The Instruction Guide ex	ffice Overhead/F			egory not listed above)	
1 Total pages Schedule F:	2 FILER NAME	pianis now to	complete this for		# (Ethics Commission Filers)	
2 of 6	Shawe Scort 5 Payee name			O ACCCONT	F (Lunes Commission Files)	
4 Date	5 Payee name					
9-13-10 6 Amount (\$)	YAhoo Inc					
6 Amount (\$)	5 Payee name VANO INC 7 Payee address; City: State; 701 FIKST AVENT	Zip Code				
\$ 60.85	SUNNYUALE, CA 94	089				
8 PURPOSE OF	(a) Category (See categories listed at the top of the	his schedule)	(b) Description	(If travel outside of Texas	, complete Schedule T)	
EXPENDITURE	Adventising		web Add	Kers		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t	Office held	
Date	Payee name					
9-3-10 Amount (\$)	Payee address; City; State;					
Amount (\$)	Payee address; City; State;	Zip Code				
1.0	301 N Edward GAY	V ST				
\$ 28.11	JAX MANCOSITX 78					
PURPOSE	Category (See categories listed at the top of the		Description (If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	Advent75 NG Candidate / Officeholder name	,	cands			
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Office sought		Office held	
Date	Payee name					
9-4-10	Office De not					
9-4-18 Amount (\$)	Payee address; City; State; 201 SPNINGTOWN WA	Zip Code				
\$ 53.89	SAN MARCOS 7× >86					
PURPOSE OF	Category (See categories listed at the top of the	is schedule)	Description (If travel outside of Texas,	complete Schedule T)	
EXPENDITURE	Adventsing		MAILER	/(AJle i		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name					
8-25-10	OFFICE MATK Payee address: City; State;					
Amount (\$)	Payee address; City; State;	Zip Code				
33.54	New BRAUNFels, TX	78130				
PURPOSE OF	Category (See categories listed at the top of th	is schedule)	Description (If travel outside of Texas,	complete Schedule T)	
EXPENDITURE	Phenoria		FAX CAUT	fage		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held	
	ATTACH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS N	IEEDED		

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Accounting/Banking Legal Services Solicitation/Fundraising Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District		ontract Labor aising Expense trict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed about the Instruction Guide explains how to complete this form.						
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)		
30F6	5 Payee name COUNTY OF HA 7 Payee address; City: Sta	-				
4 Date	5 Payee name					
9-3-10	COUNTY OF HA	· + · · · ·				
6 Amount (\$)	7 Payee address; City: Sta	ate; Zip Code				
27.50	SAN MACCOS TX 7	8666				
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Candidate / Officeholder name		Office sough	vame's		
9 Complete ONLY if direct expenditure to benefit C/C			Office sough	t Office held		
Date	Payee name					
8-13-10	SAM MALLES A.	- 366				
Amount (\$)	SAN MAUCOS POR Payee address; City; Sta 30/ Al QUADA (C	ate: Zin Code	<u> </u>			
(4)	301 11 QUADALO	pe st				
8,80	201 M	, 5,				
810	SAY MACCOS TX	78666				
PURPOSE	Category (See categories listed at the top		Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertus		0001.			
Complete ONLY if direct	Candidate / Officeholder name		Office sough	f Office held		
expenditure to benefit C/C	DH .					
Date	Payee name					
9-10-10	Lowes					
Amount (\$)		te; Zip Code				
Amount (\$)	72/1 /#35 S.	ile, Zip Code				
141.83	SAY MALOSTX)	8666				
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Adve Train		SIGN HA	religione		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office held		
Date	Payee name					
9-12-10	Loves					
Amount (\$)	Payee address; City; Sta	te; Zip Code				
	2211 14355					
12.06	SAN MANCOSTX	> Y660				
PURPOSE OF	Category (See categories listed at the top		Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Advert15, vin		CIGal Han	duane		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t Office held		
	ATTACH ADDITIONAL CO	OPIES OF THIS S	SCHEDULE AS I	NEEDED		

	EXPENDITURE (CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/C Solicitation/Fundra Travel In District	contract Labor aising Expense	Loan Repayment/Re Transportation Equi Contributions/Donat	oment & Related Expense ions Made By
Event Expense Fees	Printing Expense	Travel Out Of Dis Office Overhead/I	Rental Expense	OTHER (enter a cat	holder/Political Committee egory not listed above)
	The Instruction Guide e	explains how to	complete this for	rm.	·
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Payee name				
	7 Payee address; City; State				
9-12-10 6 Amount (\$)	7 Payee address; City: State 22// /#35 S	e; Zip Code			
17.41	SAN MALCONTE	78666			·
8 PURPOSE OF	(a) Category (See categories listed at the top o	f this schedule)	(b) Description	(If travel outside of Texas	, complete Schedule T)
EXPENDITURE	Advertición		5/5 ml H	and AM	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	gndwane.	Office held
Date	Payee name				
9-17-10 Amount (\$)	1			•	
Amount (\$)	Payee address; City; State 2211 1 # 35 S	e; Zip Code		* *	
15.91					·
PURPOSE	SAY MACO J TY Category (See categories listed at the top of	2 YG ("	Description		
OF EXPENDITURE	•	uns schedule)		If travel outside of Texas,	complete Schedule 1)
	Candidate / Officeholder name		S/G v /-fra Office sought	ndupple	
Complete <u>QNLY</u> if direct expenditure to benefit C/O			Office sought	(Office held
Date	Payee name				
9-18-16	Lowes				
Amount (\$)	Payee address; City; State	e; Zip Code			
13,25	SAN MALLOS TX 7	V1/1			·
PURPOSE OF	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Adden 7751rin		SIGN HAD	NAME	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
9-20-10					
Amount (\$)	Payee address; City; State	; Zip Code			
16,08	SAN MARCOSTX)	8666			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Advantisinia		SIGN HARRA	dugi-e	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
	ATTACH ADDITIONAL COI	PIES OF THIS	SCHEDULE AS N	NEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		, Loan Repayment/R	Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	aising Expense		ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Dona	
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dis			eholder/Political Committee
7 003	The Instruction Guide	Office Overhead/i			tegory not listed above)
1 Total pages Schedule F:	2 FILER NAME	explains now to	complete this to		# (Ethics Commission Filers)
50F6 4 Date	Charle Scan	_		• ACCOUNT	# (Ethics Continussion Filers)
4 Date	5 Payee name				
8-19-/ ₺ 6 Amount (\$)	7 Payee address; City; State				
6 Amount (\$)	7 Payee address; City; State	te; Zip Code			
26.68		~			
26	SAY MARCOS TX	78668			• .
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas	s, complete Schedule T)
EXPENDITURE	CONSULTINE		MRETINI	9/BUAKAST	
9 Complete ONLY if direct					Office held
Date	Payee name	-			
8-18-10	Woody's SS Payee address; City; Stat				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
2601 HUNTER Rd					
7.91	CA				
	SAN MALCOSTX 786		· · · · · · · · · · · · · · · · · · ·		
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
EXPENDITURE	Edenot Experie		Home Sould	M MRETTHIN	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
Date	Payee name				
8-14-10	Palmers				
0 / 7 / 0 Amount (\$)	Payee address; City: State	e; Zip Code			
γιιτουπ (ψ)	218 MOOKE ST	e, Zip Code			
1,90					
	SAN MANCOSTX >1	8666			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Event		CANdate	On 1 are	
Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI			Office sough		Office field
Date	Payee name				
8-18-10	Thes Helmanas				
Amount (\$)	Payee address; City; State	e; Zip Code			
	Thes Helmanas Payee address; City; State 2550 HUNTER LOAG	d Soitel	104		
52,22	SAN MANCOSTX				
PURPOSE	Category (See categories listed at the top o		Description	(If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	EvenT		Patrzani n	1. DETINI ON	Man Collin
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough		Office held
expenditure to benefit ord		PIES OF THIS	SCHEDULE AS	NEEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURI	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		, Loan Repayment/	Reimhursement
Accounting/Banking	Legal Services	Solicitation/Fundra			uipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	• .	Contributions/Don	•
Event Expense	Polling Expense	Travel Out Of Dis	trict		ceholder/Political Committee
Fees	Printing Expense	Office Overhead/F	Rental Expense	OTHER (enter a d	category not listed above)
	The Instruction Guid				and the state desire)
A Total access Catadala E	T	- CAPICITIO TION TO	complete this to		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	T # (Ethics Commission Filers)
60F6	Shawe Scart	-			
4 Date	5 Pavee name				
C :-	1				
9-12-10	(owes				
6 Amount (\$)	7 Payee address; City: St	ate; Zip Code			
	2211 14355	•			
	, , , ,				
9.85	50	20111			
	(a) Category (See categories listed at the to) 1666			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	11.				
EXPENDITORE	Advertising		S15 N 64	mounne	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	mouse nt	Office held
expenditure to benefit C/C	Н				o moo mota
Date	Payee name	· · · · · · · · · · · · · · · · · · ·			
6 5, 1,					
9-8-10	Payee address; City; St	com			
Amount (\$)	Payee address; City; St	ate; Zip Code			
	14455 N. HAYDO	MDJ SUO	re 7/9		
1.42		, , , , , , , , , , , , , , , , , , , ,			
43.90	Si Talali	17 0-	260		
	Category (See categories listed at the to	The polyton		4464	
PURPOSE OF	Category (See categories listed at fine to	or this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	N -116	•	wesho	4	İ
	House 1/5/2	<u> </u>			
Complete ONLY if direct	Candidate / Officeholder name		Office sough	ıt	Office held
expenditure to benefit C/O	п				1
Date	Payee name				
Amount (\$)	Payee address; City: Sta	ate; Zip Code			
7 (4)	only, on	ato, Zip Code			
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
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PURPOSE	Category (See categories listed at the top	or this schedule)	Description	(It travel outside of Texa	is, complete Schedule T)
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EVI FIADLIONE					
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	ATTAOLIADDITIONALO		OUEDIU E AC	NEEDED	
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS	NEEDED	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this fo		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Sharve Scor	_	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		A	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul	(b) Description	n (If travel outside of Texas, complete Schedule T)	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Co	ode		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	e) Description	(If travel outside of Texas, complete Schedule T)	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Co	ode		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	e) Description	(If travel outside of Texas, complete Schedule T)	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Co	de		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	e) Description	(If travel outside of Texas, complete Schedule T)	
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS N	NEEDED	

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salar Legal Services Solici Food/Beverage Expense Trave Polling Expense Trave	ies/Wages/Contract Labor tation/Fundraising Expense If In District Out Of District Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
	The Instruction Guide expla	ins how to complete this fo	rm.		
1 Total pages Schedule H:	2 FILER NAME Shave S	Cort	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Z	ip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	chedule) (b) Description	(if travel outside of Texas, complete Schedule T)		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt Office held		
Date	Business name	THE THE STATE OF STAT			
Amount (\$)	Business address; City; State; Z	ip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	chedule) Description	(If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held		
Date	Business name				
Amount (\$)	Business address; City; State, Z	ip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	hedule) Description	Description (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zi	p Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	hedule) Description	(If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sough	t Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	EXPENDITURE	CATEGORIES FOR	8 BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense		Expense Tran Cont C Expense OTH	Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
4 -	1	e explains how to comp	lete this form.	
1 Total pages Schedule I:	2 FILER NAME	Scott		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (b)	Description (See i	nstructions regarding type of information required.)
Date	Рауее пате			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (See in	istructions regarding type of information required.)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		·
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (See i	nstructions regarding type of information required.)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (See i	nstructions regarding type of information required.)
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEE	OULE AS NEED	ED

CRED	OITS (optional)	SCHEDULE K
Т	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAM	Shawe Scott	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City: State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

4		UTION OR POLITICAL EXPENI SIDE OF TEXAS	OITURE SCHEDULE T		
The Instr	uction Guid	e explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME	She	the Scott	3 ACCOUNT # (Ethics Commission Filers)		
4 Name of Contributor		or Labor Organization / Pledgor / Payee			
5 Contribution / Expend	diture reporte	d on:			
Sc.	hedu l e A	Schedule B Schedule C Schedule	e D Schedule F Schedule G		
Sc	hedule H	Schedule N COH-UC COH-T	☐ PAC-C ☐ PAC-E		
6 Dates of travel	7 Name of person(s) traveling				
	8 Departu	re city or name of departure location			
	9 Destinat	tion city or name of destination location			
10 Means of transportat	of transportation 11 Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expendit	ure reported	on:			
Sch	nedule A	Schedule B Schedule C Schedule	D Schedule F Schedule G		
Sch	hedule H	Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel	Name of p	person(s) traveling			
	Departure	city or name of departure location			
	Destination	n city or name of destination location			
Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / C	Corporation o	r Labor Organization / Pledgor / Payee			
Contribution / Expendit	ure reported	on:			
Sch	edule A [Schedule B Schedule C Schedule	D Schedule F Schedule G		
Sch	edule H [Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel	Dates of travel Name of person(s) traveling				
	Departure of	city or name of departure location			
	Destination	city or name of destination location			
Means of transportation	-	Purpose of travel (including name of conference, sem	inar, or other event)		
	АТ	TACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		